

**Testimony in SUPPORT of
HB 6617: An Act to Promote Equity in Coverage for Fertility Healthcare**

Dear Members of the Human Services Committee of the Connecticut General Assembly,

My name is Dr. Ellie Proussaloglou and I am a trained Obstetrician/Gynecologist as well as a Breast Surgical Oncologist, currently completing my fellowship training here in CT at Yale University School of Medicine. I am writing today to express my ***strong support*** for CT Bill No. 6617, An Act Promoting Equity in Coverage for Fertility Health Care. This testimony represents my opinion and not that of Yale New Haven Hospital.

As a breast cancer surgeon, I often see the struggles that our young patients face when balancing choices between cancer care and fertility. We know that many elements of breast cancer care are gonadotoxic- chemotherapy can lead to ovarian insufficiency and hormonal blocking medications such as tamoxifen put patients into medically-induced menopause and are unsafe to take while attempting pregnancy. Furthermore, while new data from Dr. Ann Partridge's POSITIVE study shows that a pause in endocrine-blocking therapy is safe from a breast cancer recurrence standpoint, a minimum of three years is currently recommended between cancer therapy and attempting pregnancy. Fertility issues go beyond patients with breast cancer and impact those undergoing chemotherapy or pelvic radiation for a host of other serious illnesses.

We know that the best approach for patients dealing with serious illness, including cancer, is up-front fertility preservation before undergoing medically necessary treatment. However, without Medicaid coverage of these services, **many patients go without fertility preservation services or opt to delay care in favor of preserving their fertility.** I am grateful that patients in the state of CT with private insurance are able to affordably freeze their eggs prior to cancer therapy but the ***inequities in care*** based on type of insurance coverage is a major injustice for the citizens of Connecticut. Just last month, I cared for a young woman in her early 20s, who has repeatedly delayed initiation of chemotherapy due to fear of infertility. She is unable to pay the exorbitant out-of-pocket cost for fertility preservation on her own and, with Medicaid coverage, she feels paralyzed by fear. As a result, she is delaying the ***life-saving breast cancer care*** that she needs.

With my dual training as an OBGyn and a Breast Surgical Oncologist, this intersection of cancer care and fertility coverage is a particular passion of mine. Patients should not have to choose between treating their cancer and having a family. We can do better for the women of CT, protecting their fertility, families, and health alike.

Thank you for your consideration and for prioritizing the health and safety of our patients.



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